

System of Care Tool Box

How to Use the Tool Box

Implementing System of Care involves many components from how to partner with families to providing culturally competent services to building a community collaborative among others. The Tool Box is designed to help with that implementation.

There are six sections within the Tool Box covering some of the major building blocks in designing and sustaining a System of Care: (1) Introduction and Overview, (2) Forming and Sustaining Collaboratives, (3) Partnering with Families and Youth, (4) Cultural Competency, (5) Training and Technical Assistance, and (6) Outcome Accountability. Each section in the Tool Box includes a series of questions that relate to the development of that particular aspect of System of Care. You will find a Table of Contents at the beginning of each section that will list the questions covered in the section as well as instructions on how to use that particular section. The sections are designed to be used flexibly so that you can either start from the beginning if an area is new for you and your community or you can skip to questions further down the list that may better apply to you and your community. To further support your learning and work, each section also contains “tools”...helpful links to websites, resources, and articles related to that particular topic.

System of Care Tool Box Table of Contents

Table of Content

- I. Introduction and Overview**
- II. Forming and Sustaining Collaboratives**
- III. Partnering with Families and Youth**
- IV. Cultural Competency**
- V. Training And Technical Assistance**
- VI. Outcome Accountability**

I. Introduction and Overview of the System of Care (SOC) Tool Box

Table of Contents

- How To Use This Section
- What is System of Care and Why Adopt This Approach?
- What Is the History of SOC in North Carolina?
- Why Implement SOC Practice Across Our State?
- What Is the SOC Tool Box and Why Develop One?
- Helpful Links and Articles

How to Use This Section

In this section, you will find general information about System of Care, its history in the US and in NC's system reform, evidence base for implementation, and why a Tool Box was created. The last portion of the section is titled "Helpful Links and Articles" that includes websites and articles related to this topic to extend your learning.

What is System of Care and Why Adopt This Approach?

System of Care is a nationally recognized framework for organizing and coordinating services and resources into a comprehensive and interconnected network. Its goal is to work in partnership with individuals and families who need services or resources from multiple human service agencies to be *safe and successful at home, in school, and in the community*, and through this assistance, make the community a better place to live. System of Care builds on individual and community strengths, and makes the most of existing resources to help children and their families achieve better outcomes.

As a result of a great deal of advocacy from a coalition of individuals and groups, Congress appropriated funds for a federal initiative in the area of children mental health. In 1984, the National Institute of Mental Health (NIMH) launched the Child and adolescent Service System Program, (CASSP), currently under the Department of Health and Human Services. The goal of the CASSP program is to assist states and communities to develop systems of care for children and youth with severe emotional disturbances. Since then, the principles have been used effectively across multiple agencies and for children and families with a variety of mental health and health care needs.

The System of Care core values and guiding principles (Stroul & Friedman, 1986) were derived in 1983 to support the federal CASSP initiative. They are as follows:

System of Care

CORE VALUES

- The System of Care should be child-centered and family-focused, with the needs of the child and family dictating the types and mix of service provided.
- The system of care should be community based, with the locus of services as well as management and decision making responsibility resting at the community level.
- The system of care should be culturally competent, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve.

GUIDING PRINCIPLES

1. Children with emotional disturbances should have access to a comprehensive array of services that address the child's physical, emotional, social, and educational needs.
2. Children with emotional disturbances should receive individualized services in accordance with the unique needs and potential of each child and guided by an individualized service plan.
3. Children with emotional disturbances should receive services within the least restrictive, most normative environment that is clinically appropriate.
4. The families and surrogate families of children with emotional disturbances should be full participants in all aspects of the planning and delivery of services.
5. Children with emotional disturbances should receive services that are integrated, with linkages between child-serving agencies and programs, and mechanisms for planning, developing and coordinating services.
6. Children with emotional disturbances should be provided with case management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner and that they can move through the system of services in accordance with their changing needs.
7. Early identification and intervention for children with emotional disturbances should be promoted by the system of care in order to enhance the likelihood of positive outcomes.
8. Children with emotional disturbances should be ensured smooth transitions to the adult service system as they reach maturity.
9. The rights of children with emotional disturbances should be protected, and effective advocacy efforts for children and youth with emotional disturbances should be promoted.
10. Children with emotional disturbances should receive service without regard to race, religion, national origin, sex, physical disability, or other characteristics, and services should be sensitive and responsive to cultural differences and special needs.

A significant addition to the federal children's mental health activities is the CMHS Child Mental Health Services Initiative, established in 1992. This initiative provides grants to states and communities to develop a broad array of services and implement system of care.

But why implement SOC? System of care is not an end in and of itself. It is not a program or merely an array of services. Rather it is an approach to the design, delivery, and evaluation of those services built on several fundamental values and principles. Most importantly, when fully implemented, system of care is related to improved quality of care and better outcomes for children and families.

What is the History of SOC in North Carolina?

Following the initiation of the federal CMHS Child Mental Health Services Initiative, NC was awarded three CMHS system of care infrastructure grants. These grants were implemented to build a comprehensive community-based system of care for children with primary mental health needs ages 5-17 and were part of a national effort to improve and evaluate services for children with or at risk for serious emotional disturbances and their families.

- 1994: PEN-PAL (Pitt Edgecombe Nash-Public Academic Liaison)
- 1997: NC FACES (Families and Communities Equal Success)
- 1999: SOC Network

These three federally funded projects involved 22 of North Carolina's 100 counties. They target children (and their families) ages 5 to 18 who have serious emotional disturbances, are at-risk for or placed out of their homes, and whose plans of care involve multiple service agencies.

While focusing on different communities, all the projects involved the following common basic components:

- 1) consumer, family, and community involvement through community collaboratives;
- 2) individualized service plans that maximize and integrate formal services from traditional service delivery systems and incorporate informal community supports;
- 3) the development and implementation of strategies to ensure that the local System of Care is culturally responsive to the families and communities it serves;
- 4) training and technical assistance supports for the local System of Care development; and
- 5) analysis of the service outcomes and use of that data to continuously improve the local SOC.

The System of Care demonstration site projects promote the full partnership of families in planning, developing, implementing, managing and evaluating local services and the

care of their children and adolescents. NC Division of MH/DD/SAS also supported training, support, and technical assistance to the families and family organizations in each grant site that are instrumental in engaging neighborhood and other community resource representatives as partners in the local system of care. As a result of this support, the family members have come together from the varying sites across the state to create many local groups as well as a statewide family organization. North Carolina Families United (NCFU; <http://www.ncfamiliesunited.org/>). NCFU elected their Board of Directors in May of 2001, won a three-year federal Statewide Family Networking grant for organizational development, partnered with Division staff to ensure that the System of Care family perspective was incorporated in the State Plan and the Child Mental Health Plan, and established IRS non-profit status in SFY04. In SFY05, North Carolina Families United received a new three-year federal Center for Mental Health Services grant to continue to build family and youth support statewide.

NCFU also helped a group of 15-17 System of Care children and youth to establish Powerful Youth Friends United (PYFU) as an advocacy organization for children and youth with mental health needs. Powerful Youth's leadership team makes presentations at statewide conferences and in local communities about their experience in the child-serving systems and how these systems can be improved. "Stomp Out Stigma Youth Rally," appreciation receptions for community volunteers and agency representatives, including NC Families United, Powerful Youth Friends United, Mental Health Associations/NC, NAMI/NC, and Legislative Education day are just a few of the activities that have been organized by PYFU.

Through additional grants and local efforts, NC has continued to extend system of care across the state and within other service systems. For example, in 2005, the NC Division of Mental Health/Developmental Disabilities/Substance Abuse Services (MH/DD/SAS) was awarded a Substance Abuse Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) infrastructure grant for the integration of a system of care for adolescent substance-related disorders and those with mental health treatment needs as well as another Center for Mental Health Services SOC grant for Mecklenburg County. NC has also been awarded the Child Welfare System of Care Initiative with Mecklenburg, Alamance and Bladen counties having secured a federal grant to create a joint Child Protective Services/Mental Health initiative that brings System of Care practices into the child protection system. Only eight states received this federal Children's Bureau funding. Of the eight, North Carolina is recognized as having the highest level of cooperation between its private providers, local education agencies, nonprofits, and social service and mental health systems.

Why Implement SOC Practice Across Our State?

The North Carolina Mental Health Reform transformation began in 2003. A key part of that plan is that system of care and child and family teams support and reflect best practice.

Does system of care lead to better outcomes? As mentioned, both national and North Carolina data indicate that when system of care is fully implemented, outcomes improve for children and families across a wide array of indicators. More specifically, in NC with SOC sites, school performance improved as evidenced by grades and school attendance. Data also indicate that

behavioral and emotional problems were reduced as were juvenile justice complaints and stability in children's living arrangements increased.

So as the continuum of services is broadened in every community through family involvement, collaboration, and strong child and family team planning in a culturally competent manner, outcomes for children and their families improve. Therefore, moving forward with system of care is a must.

What Is the SOC Tool Box and Why Develop One?

The System of Care Tool Box was created to support local communities in the ongoing implementation of System of Care across the state. Over this history of SOC grants, many resources and tools have been developed both in NC and across the US. This Tool Box was created to provide a centralized clearinghouse of some of these resources as a way to provide technical support to communities as they implement mental health reform within a SOC framework.

As mentioned earlier, the sections that follow are designed to be used flexibly so that you can either start from the beginning if an area is new for you and your community or you can skip to questions further down the list that may better apply to you and your community. To further support your learning and work, each section also contains "tools"...helpful links to websites, resources, handouts, and articles related to that particular topic.

Helpful Links and Articles

Websites:

www.ncdhhs.gov/mhddsas: This is the North Carolina Division of MH/DD/SAS website that includes a Child and Family section. This section contains several documents related to family partnership, History of SOC, and the development of the Comprehensive Treatment Service Program (CTSP).

www.samhsa.gov: Substance Abuse and Mental Health Services Administration website. Add SOC site

<http://mentalhealth.samhsa.gov/cmhs/>: The Center for Mental Health Services website.

<http://uncg.edu/csr/resources>: The Center for Youth, Family, and Community Partnerships at the University of North Carolina at Greensboro maintains a clearinghouse of articles on various aspects of system of care. These articles provide guidance as well as evidence of the efficacy of SOC across various systems.

Articles:

A History and Description of System of Care for Children and Their Families: This article is an excerpt from the *Annual Report to Congress on the Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program*, Center for Mental Health Services Substance Abuse and Mental Health Services Administration U.S. Department of Health Human Services SAMHSA Web Center for Mental Health Services (CMHS). 3/2001.

Handouts:

System of Care Core Values and Guiding Principles (Stroul & Friedman, 1986)

What Is System of Care?